

CLAIMS ONLY							Application Number 09944186		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	10						Total Depend					
Total Claims	15						Total Claims					

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							51					
102							52					
103							53					
104							54					
105							55					
106							56					
107							57					
108							58					
109							59					
110							60					
111							61					
112							62					
113							63					
114							64					
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137							87					
138							88					
139							89					
140							90					
141							91					
142							92					
143							93					
144							94					
145							95					
146							96					
147							97					
148							98					
149							99					
150							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					